The Commonwealth of Massachusetts

Town of Natick

FILING FEE: \$50.00

BUSINESS CERTIFICATE

Business is owned by:		This section to be completed by Town Cler
☐ Individual / Partnership		
□ Corporation		Date Issued:
□ LLC		Certificate #:
Location is:		Gentificate #.
□ Commercial address		Expiration Date:
☐ Residential address		(valid for 4 years from date of issue)
	ity with the provisions of MGL Chapter 11 ereby declare(s) that the following busine	
Business Name:		
Business Address:		
Business Telephone:	Business Fax:	<u> </u>
Business Website:		
Description of Business:		
Regulations. It is the respons	wledge this Certificate is not proof of conformation of the applicant to contact the Building y-Laws, rules and regulations. OWNER INFORMAT	Inspector and Director of Public Health in
Regulations. It is the respons order to comply with Town By	ibility of the applicant to contact the Building y-Laws, rules and regulations. OWNER INFORMAT wined by a Corporation, must list CORPORATE NAME, address,	Inspector and Director of Public Health in ION and signature of Corp. Officer)
Regulations. It is the respons order to comply with Town By	ibility of the applicant to contact the Building y-Laws, rules and regulations. OWNER INFORMAT wined by a Corporation, must list CORPORATE NAME, address,	Inspector and Director of Public Health in
Regulations. It is the respons order to comply with Town By (If a	ibility of the applicant to contact the Building y-Laws, rules and regulations. OWNER INFORMAT wined by a Corporation, must list CORPORATE NAME, address, Owner 2	Inspector and Director of Public Health in ION and signature of Corp. Officer)
Regulations. It is the respons order to comply with Town By (If a Owner 1 (Printed Name) Owner 1 (Residence address)	OWNER INFORMAT Owner 2 Owner 2 Owner 2	Inspector and Director of Public Health in ION and signature of Corp. Officer) (Printed Name)
Regulations. It is the respons order to comply with Town By (If a Owner 1 (Printed Name) Owner 1 - Signature (must be witnessed by Town Clerk or Notal) Then personally appeared b	OWNER INFORMAT OWNER INFORMAT Wined by a Corporation, must list CORPORATE NAME, address, Owner 2	Inspector and Director of Public Health in ION and signature of Corp. Officer) (Printed Name) (Residence address)
Regulations. It is the respons order to comply with Town By (If a Owner 1 (Printed Name) Owner 1 - Signature (must be witnessed by Town Clerk or Notal) Then personally appeared b	OWNER INFORMAT OWNER INFORMAT Wined by a Corporation, must list CORPORATE NAME, address, Owner 2	Inspector and Director of Public Health in ION and signature of Corp. Officer) (Residence address) 2 - Signature thessed by Town Clerk or Notary Public)
Regulations. It is the respons order to comply with Town By (If a Owner 1 (Printed Name) Owner 1 - Signature (must be witnessed by Town Clerk or Notal Then personally appeared by and made oath that the foregone or the complex or	OWNER INFORMAT OWNER INFORMAT wned by a Corporation, must list CORPORATE NAME, address, Owner 2 Owner 2 Owner 2 Owner 2 oy Public) efore me the above-named going statement is true.	Inspector and Director of Public Health in ION and signature of Corp. Officer) (Residence address) 2 - Signature thessed by Town Clerk or Notary Public)
Regulations. It is the respons order to comply with Town By (If a Owner 1 (Printed Name) Owner 1 (Residence address) Owner 1 - Signature (must be witnessed by Town Clerk or Notal	OWNER INFORMAT OWNER INFORMAT Wined by a Corporation, must list CORPORATE NAME, address, Owner 2 Owner 3 Owner 4 Owner 4 Owner 5 Owner 5 Owner 6 Owner 6 Owner 7 Owner 7 Owner 7 Owner 8 Owner 9 Owner 1 Owner 1 Owner 1 Owner 2 Owner 2 Owner 2 Owner 3 Owner 3 Owner 4 Owner 4 Owner 5 Owner 5 Owner 6 Owner 6 Owner 6 Owner 7 Owner 7 Owner 7 Owner 8 Owner 1 Owner 1 Owner 1 Owner 2 Owner 2 Owner 2 Owner 2 Owner 3 Owner 3 Owner 4 Owner 4 Owner 4 Owner 5 Owner 5 Owner 6 Owner 6 Owner 6 Owner 7 Owner 7 Owner 7 Owner 8 Owner 9 Owner 1 Owner 1 Owner 1 Owner 1 Owner 2 Owner 2 Owner 2 Owner 2 Owner 2 Owner 3 Owner 4 Owner 4 Owner 4 Owner 4 Owner 5 Owner 5 Owner 6 Owner 6 Owner 7 Owner 7 Owner 1 Owner 1 Owner 1 Owner 2 Owner 2 Owner 2 Owner 2 Owner 2 Owner 3 Owner 4 Owner 4 Owner 4 Owner 4 Owner 5 Owner 5 Owner 6 Owner 6 Owner 6 Owner 7 Owner 7 Owner 7 Owner 8 Owner 9 Owner 9 Owner 9 Owner 1 Owner 1 Owner 1 Owner 1 Owner 1 Owner 2 Owner 3 Owner 4 Owner 4 Owner 4 Owner 4 Owner 4 Owner 5 Owner 5 Owner 6 Owner 6 Owner 7 Owner 7 Owner 1 Owner 1 Owner 1 Owner 2 O	Inspector and Director of Public Health in ION and signature of Corp. Officer) (Residence address) 2 - Signature thessed by Town Clerk or Notary Public)

business.